

QTRLY FOR 2011

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS**  
**CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY

(1) Bobby DuBose

Name

(2) P O Box 1041

Address (number and street)

Fort Lauderdale, FL 33302

City, State, Zip Code

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate (office sought): Fort Lauderdale City Commission, District 3☐ Political Committee☐ CHECK IF PC HAS DISBANDED☐ Committee of Continuous Existence☐ CHECK IF CCE HAS DISBANDED☐ Party Executive Committee☐ Electioneering Communication☐ CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED

## (5) REPORT IDENTIFIERS

Cover Period: From 01 / 01 / 11 To 03 / 31 / 11 Report Type \_\_\_\_\_☒ Original    ☐ Amendment    ☐ Special Election Report    ☐ Independent Expenditure Report

## (6) CONTRIBUTIONS THIS REPORT

Cash & Checks    \$ 850.00

Loans    \$ \_\_\_\_\_

Total Monetary    \$ \_\_\_\_\_

In-Kind    \$ \_\_\_\_\_

## (7) EXPENDITURES THIS REPORT

Monetary  
Expenditures    \$ 250.00Transfers to Office  
Account    \$ \_\_\_\_\_Total  
Monetary    \$ \_\_\_\_\_

## (8) Other Distributions

\$ \_\_\_\_\_

## (9) TOTAL Monetary Contributions To Date

\$ 850.00

## (10) TOTAL Monetary Expenditures To Date

\$ 250.00

## (11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true,  
correct, and complete.(Type name) Yvette DuBose☐ Individual (only for  
electioneering commun.)    ☒ Treasurer    ☐ Deputy Treasurer**X**

Signature

I certify that I have examined this report and it is true,  
correct, and complete.(Type name) Bobby DuBose☒ Candidate    ☐ Chairperson (only for PC, PTY &  
electioneering commun. organization)**X**

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bobby DuBose

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 01 / 01 / 11 through 03 / 31 / 11

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
03 / 04 / 11	Alpha Kappa Alpha Zeta Rho Omega Chapter Tammy Williams For Lauderdale, FL	Tickets	DIS		\$100.00
1					
03 / 10 / 11	Omega Psi Phi Zeta Chi Chapter Fort Lauderdale, FL	Tickets	DIS		\$90.00
2					
03 / 15 / 11	Alpha Kappa Alpha Chi Psi Omega Chapter Coral Spings, FL	Tickets	DIS		\$60.00
3					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Bobby DuBose (2) I.D. Number \_\_\_\_\_

(3) Cover Period 01 / 01 / 11 through 03 / 31 / 11 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
03 / 01 / 11	Smith, Christopher 1740 NW 3rd Ct Ft Lauderdale, FL 33311	I	Lawyer	CHE			250.00
1							
03 / 01 / 11	Smith, Desorae 1740 NW 3rd Ct Ft. Lauderdale, FL 33311	I	Asst. City Manager	CHE			250.00
2							
03 / 10 / 11	McDonald, Thomas 7630 Marblehead Ln Parkland, FL 33067	I	Engineer	CHE			250.00
3							
03 / 30 / 11	Antoinette Davis 11677 W Atlantic Blvd, Apt 21 Coral Springs, FL 33071	I	Teacher	CHE			50.00
4							
03 / 30 / 11	Sarah Wilson 324 NW 74th Way Plantation, FL 33317	I	Admin	CHE			25.00
5							
03 / 31 / 11	Diminee Wilson 3451 NW 8th St Ft Lauderdale, FL 33311	I	Human Resourc es	CHE			25.00
6							
/ /							
/ /							